

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32360

FILED SEP 20 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Castor</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) <b>Bloomfield, Rural</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDGAR</b> b. (Middle) <b>A.</b> c. (Last) <b>HARPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		8. DATE OF BIRTH <b>March 21, 1881</b>	
				9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR: Months <b>5</b> Days <b>12</b> IF UNDER 12 HRS. Hours <b></b> Min. <b></b>	
11a. BIRTHPLACE (State or foreign country) <b>Near Bloomfield, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Wright Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Eda Cook</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Edgar Harper</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Eda Harper Bloomfield</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				<b>332X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1, 1947, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Davis M.D.</b>		23b. ADDRESS <b>Bloomfield Mo</b>		23c. DATE SIGNED <b>Sept 11, 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 5, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>North Antioch cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Sept 12, 50</b>		REGISTRAR'S SIGNATURE <b>Rose Webber</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. CO. Bloomfield, Mo.</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS  
MAR 23 1967

VS  
MAR 23 1967  
VS  
MAR 16 1967

RECEIVED  
MAR 14 1967  
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, & by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.